

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/09/2012
NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SSWD	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the doors protecting the corridors.</p> <p>The findings included:</p> <p>1. Observation on 7/9/12 at 12:56 PM revealed that the door to the clean linen closet was cracked through the core and would not close within the frame.</p> <p>2. Observation of the Med Room with oxygen storage on 7/9/12 at 12:59 PM revealed the dead</p>	K 018	<p>K018</p> <p>1. A new door ordered for clean linen closet on 8/1/12 by Corporate Director of Engineering.</p> <p>Med Room dead bolt removed on 7/9/12 by Maintenance staff.</p> <p>2. 100% audit was done by Maintenance staff on linen closets doors on 7/9/12. No other doors identified to be affected.</p> <p>100% audit was done on med room doors on 7/9/12 by Maintenance staff. No other doors identified to be affected.</p> <p>3. Maintenance supervisor were serviced by administrator on 7/10/12 on preventative maintenance checks to ensure that all doors meet life safety code standards.</p> <p>Licensed Nursing Staff were serviced by the Nurse educator on 7/10/12 - 8/3/12 on proper closing of med room doors.</p> <p>4. Maintenance employees will audit 20 doors per week for 4 weeks, then 20 doors monthly for 2 months and for 100% compliance. The Nurse educator will do a 100% audit of med room doors weekly x 4 weeks, then monthly for 2 months and/or 100% compliance. The administrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 bolt lock on the door was engaged preventing the door from closing and latching. These findings were acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 018	will report the result to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Activities, Social Services, Maintenance Supervisor, and Environmental Director.		
K 020 SS=D	Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain at least a one (1) hour fire resistance rating in the stairway. The finding included: Observation on 7/9/12 at 1:20 PM revealed that the door to stairway in the basement did not close within the frame. This finding was acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 020	K020 1. New door ordered on 8/1/12 by the Corporate Director of Engineering. 2. 100% audit was done on all doors To ensure proper closure/latching by Maintenance staff on 7/10/12 - 8/3/12. 3. Maintenance employees were inserviced by the Corporate Director of Engineering on 7/30/12 on proper closure/latching of doors. 4. The Maintenance supervisor will Audit 20 doors weekly x 4 weeks, then 20 doors monthly x 2 months and/or until 100% compliance. The results will be reported by the maintenance supervisor to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Activities, Social Services, Maintenance Supervisor, Dietary Manager, and Environmental Director.		
K 038 SS=E	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038			

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain clear exit access. The finding included: Observation on 7/9/12 at 12:07 PM revealed storage impeding egress at the following exits: 1. Outside exit door adjacent to room 228 had a rolled up rug on the ground. 2. Storage of housekeeping equipment outside of exit doors from laundry room and dryer room. 3. Storage of bins inside laundry room blocking exit to outside. 4. Storage of clothes and a refrigerator in the corridor between clean and dirty laundry rooms. These findings were acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 038	K038 1. The rug was removed from outside exit door by room 228 on 7/9/12 by maintenance staff. Housekeeping equipment outside of exit door from laundry room and dryer room was removed on 7/9/12 by housekeeping staff. Storage bins inside the laundry room were removed 7/9/12 by the environmental director. The clothes and refrigerator in the corridor between clean and dirty laundry rooms was removed on 7/10/12 by environmental director. 2. 100% audit was completed on 7/9/12 by the maintenance supervisor to ensure exits are readily accessible at all times. No other exits were identified to be affected. 3. The Nurse Educator inserviced all staff (housekeeping, laundry, nursing, social Services, activities, dietary, therapy, Administration, and maintenance) on 7/10/12 - 8/3/12 regarding Exits being accessible at all times according to life safety codes. 4. The Maintenance supervisor will audit 100% of exits weekly x 4 weeks, then monthly x 2 months and/or 100% compliance. The result will be reported by the Maintenance Supervisor to the Quality Assurance Performance		
K 050 SS=F		K 050			

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K 050	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to follow fire drill response policy. The finding included: Observation of a fire drill on 7/9/12 at 1:28 PM revealed the following: 1. No public address of the location of the fire. 2. Doors in the 200 corridor were not closed by staff 3. Furniture and residents left in the 200 corridor 4. Confusion among staff on where to go 5. Environmental staff did not know fire drill procedures These findings were acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. NFFA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on interview, it was determined the facility	K 050	Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Activities, Social Services, Dietary Manager, Maintenance Supervisor, and Environmental Director. K050 1. The Nurse Educator began inservicing staff on proper fire drill procedures on 7/9/12. 2. No residents were effected. The Nurse Educator began inservicing staff on Proper fire drill procedures on 7/9/12. 3. All staff (nursing, dietary, housekeeping, therapy, social services, activities, maintenance, and administration) were inserviced by the Nurse educator on proper fire drill procedures 7/9/12 - 8/3/12. 4. The Nurse Educator will monitor staff response during the fire drills weekly x 4 weeks, then monthly x 2 months and/or 100% compliance. The results will be reported by the Nurse Educator to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director.		
K 052 SS=D		K 052			

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K 052	Continued From page 4 failed to properly test fire alarm system. The finding included: Interview with the plant operations manager on 7/9/12 at 1:41 PM revealed that he was not trained on how to test the communication lines at the Fire Alarm Control Panel. This finding was acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on records review, it was determined the facility failed to conduct the required inspections on the automatic sprinkler system. The finding included: Review of records on 7/9/12 at 1:35 PM revealed the facility failed to conduct the five year obstruction investigation within the 5 years. The previous investigation was conducted on 2/13/06, the most recent investigation was conducted on 2/15/12. This finding was acknowledged by the facility administrator and the plant operations manager	K 052	K052 1. Simplex Grinnel was contacted by the administrator on 7/31/12. Inservice scheduled for maintenance staff on 8/6/12 by Simplex Grinnel. 2. No residents were identified as being affected. 3. Maintenance staff were inserviced on 8/6/12 by Simplex Grinnel on how to test the communication lines at the Fire Alarm Control Panel. 4. The Maintenance supervisor will audit the communication lines at the Fire Alarm Control Panel weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The results will be reported by the Maintenance Supervisor to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director.	
K 062 SS=D		K 062	K062 1. The maintenance Supervisor was inserviced on conducting the required inspections on the automatic sprinkle on 7/30/12 by administrator. 2. No resident's identified to be affected.	

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K 062	Continued From page 5 during the exit conference on 7/9/12.	K 062	3. The maintenance staff were inserviced by the administrator on 7/30/12 on maintain required records of inspections/investigations for automatic sprinkler system.		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to properly protect the cooking facilities. The finding included: Observation on 7/9/12 at 12:17 PM revealed the deep fryer was not properly centered under the nozzle for the hood extinguishing system. This finding was acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12.	K 069	4. The maintenance supervisor will audit all the required inspections/ investigations weekly x 4 weeks, then monthly x 2 months and/or 100% compliance. The maintenance Supervisor will report the results to the Quality Assurance Performance Improvement Committee comprised on Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor and Environmental Director. K069		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 101 Life Safety Code 2000 Edition 19.3.2.4: Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. Based on observations, it was determined that the facility failed to maintain proper storage of gas cylinders	K 130	1. Deep Fryer was moved Under the nozzle for the hood extinguishing system by maintenance supervisor on 7/9/12. 2. No resident was identified to be effected. 3. Dietary Manager and Dietary staff were inserviced by maintenance supervisor on 7/10/12 regarding proper location of the deep fryer.		

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K 130	Continued From page 6 The finding included: Observation on 7/9/12 at 12:23 PM revealed an unsecured oxygen cylinder in the corridor outside the Central Supply room. This finding was acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system. The findings included: Observation on 7/9/12 at 11:54 AM revealed power strips plugged into other power strips with battery backup in the following locations: a. Social services office b. Audio/visual setup in dining room c. Room 109 2. Observation on 7/9/12 at 12:22 PM revealed a power strip perched on a book on the wall in the nurses' station by room 117. 3. Observation on 7/9/12 at 1:21 PM revealed an extension cord providing permanent power to the employee time clock in the basement.	K 130	4. The Dietary Manager will audit for proper location of the deep fryer bi-weekly x 4 weeks, then weekly x 2 months and/or 100% compliance. The results will be reported by the Dietary Manager to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director. K130 1. Oxygen Cylinder was removed by maintenance supervisor on 7/9/12. 2. 100% audit was completed by the Maintenance staff to ensure all oxygen cylinders were secured on 7/9/12. No other oxygen cylinders were identified to be unsecured. 3. The Nurse Educator will inservice all staff (nursing, dietary, maintenance, housekeeping, therapy, social services, activities, and administration) on 7/16/12 - 8/3/12 on properly storage of oxygen cylinders. 4. The maintenance employees will audit the facility for proper storage of oxygen cylinders weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The maintenance Supervisor will report the results to the Quality Assurance		
K 147 SS=D		K 147			

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K 147	Continued From page 7 These findings were acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12.	K 147	<p>Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director.</p> <p>K147</p> <p>1. Maintenance Supervisor and Maintenance employees removed The power strip plugged into other power strip with battery backup on 7/9/12.</p> <p>The power strip in social services offices was removed by maintenance supervisor on 7/9/12.</p> <p>Power strip in dining room for audio/visual setup was removed by maintenance supervisor on 7/9/12.</p> <p>Power strip in Room 109 was removed by maintenance supervisor on 7/9/12.</p> <p>Power strip was removed from nurses station by room 117 on 7/9/12 by maintenance supervisor.</p> <p>Extension cord providing permanent power to employee time clock in the basement was removed by maintenance supervisor on 7/10/12.</p> <p>2. 100% audit of the building was done by maintenance employees to ensure power strips were being used according to life safety codes 7/10/12 - 8/3/12.</p>		

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N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2005 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the</p>	N 832	<p>3. All staff (nursing, dietary, maintenance, Housekeeping, therapy, social services, Activities, and administration) were inserviced by the Nurse Educator 7/10/12 - 8/3/12 on the use of power strips.</p> <p>4. The maintenance employees will do an audit of 25 rooms and 5 office/common areas for proper use of power strips weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The results will be reported by the Maintenance supervisor to the Quality Assurance Performance Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director.</p> <p>N832</p> <p>1. The trash (old mattresses, pallets, various wood, etc) piled next to dumpster was removed by maintenance staff on 7/9/12.</p> <p>The damage ceiling tile in corridor by 200 ball nurses station was replaced by maintenance staff on 7/10/12.</p> <p>The damage ceiling tile in corridor next to stairway door on first floor was replaced by maintenance staff on 7/10/12.</p> <p>The damaged ceiling tile in the dining room next to the sink was replaced by maintenance staff on 7/10/12.</p>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

WUHC21

If continuation sheet 1 of 2